

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		2				
13		2				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		2				
23		2				
24		2				
25		2				
26	X	1				
27		1				
28		1				
29		1				
30	1					
31		1				
32		1				
33	1					
34	1					
35	1					
36		3				
37		3				
38		3				
39		3				
40		1				
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42		1				
43	1					
44		1				
45	1					
46		1				
47		1				
48		1				
49		1				
50						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	59	↓		↓		↓
TOTAL CLAIMS	65					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS